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LICENSED IN TEXAS AND CALIFORNIA

May 18, 2023

**By Fax and Email:**

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Mohsin Qayyum, M.D.  
Evernorth Behavioral Health, Inc.  
Cigna Life Insurance Company Appeals  
P.O. Box 188064  
Chattanooga, TN 37422

Re:	Claimant:	Lori [REDACTED]
	Member ID No.:	U44579458
	Provider:	Discovery Practice Management Inc.
	SR No.:	1403829743

Ladies & Gentlemen:

As you know, we represent Ms. Lori [REDACTED] in connection with the above referenced claim. We understand she was insured by Cigna Life Insurance Company as part of the JPMorgan Chase Plan. Although Ms. [REDACTED] received medically necessary mental health treatment in August 2022, Cigna denied coverage for that treatment. The most recent denial letter is dated August 22, 2022. We will represent her in this claim.

This letter is in follow-up to our letters dated April 3 and May 4, which are attached for your reference. In connection with this representation, we need information from you to evaluate the basis for your denial and assist you in reversing your decision on appeal. On May 4, we were advised that all requests for documents must only go through Cigna's Legal Department. This is our **fourth** request for the following records and documents:

1. A complete copy of all documents, records, and other information relevant to Ms. [REDACTED] claim for benefits from the dates of her treatment to the present. This information should include all documents, records, and other information that was submitted, considered, or generated while making the benefits determination, regardless of whether the information was relied upon in making your determination. This should include a complete copy of the MCG Guidelines referenced in the denial letters. This should also include a copy of the relevant policy or certificate of insurance.
2. The full names and identities of all medically trained consultants, experts,

or other professional that had a role in evaluating Ms. [REDACTED] claim. The only person identified in your denial letter was Mohsin Qayyum, M.D.

3. A complete copy of the Policy that was in effect on Ms. [REDACTED] dates of treatment and the time of claims submission.

Please note that our request for information is made pursuant to 29 C.F.R. §2560.503-1(h)(2)(iii), 29 C.F.R. §2560.503-1(m)(8)(I)-(iv), and the rules and regulations of the Department of Labor. Please provide these materials in their entirety and at your earliest convenience, but no later than thirty (30) days from the date of your receipt of this request. If you contend that these rules and regulations do not apply to this claim, please advise in writing immediately.

In addition, please save all emails, telephone recordings, and instant message conversation histories relating to this claim. Do not destroy them.

Please also describe and advise of any additional material or information necessary to provide a basis for reversing your denial decision. **To be clear, this is not an appeal. This is a request for information.**

If you have any questions, please do contact us. We look forward to your prompt response.

Very truly yours,

BERG PLUMMER JOHNSON & RAVAL

By:           /s/Amar Raval            
Amar Raval

AR:

c: Ms. Lori [REDACTED]